

Indiana Dunes Environmental Learning Center
Student Health and Permission Form (Page 1 of 2)

A Health and Permission Form must be completed for each student attending the Learning Center. No student will be allowed to participate in Learning Center programs or activities without a completed and signed form on file at the Learning Center.

Parents/Guardians- Please send this form back to your school as soon as possible.
Teachers- Please provide the original health forms, plus a second copy arranged according to trail group assignments.

Please type or print.

School: _____ Program Date: _____

Lead teacher: _____

Student's Name: _____

Birthdate: _____ Age: _____ Sex: M ___ F ___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parent/Guardian: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

If parent/guardian is not available, emergency contact: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Phone: _____

Allergies: (insect stings, medications, hay fever, asthma, etc. Please list severity of the condition and treatment.

Dietary Restrictions: (food allergies, special meal requirements, etc.)

Health problems/concerns: (serious/chronic medical problems, unusual sleep habits, diagnosed behavioral or learning disabilities or any other problems.)

Are vaccinations current? Y ___ N ___ date of last tetanus shot: _____

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Student's Name_____

Please list any medications and dosage schedule that will be taken while at Indiana Dunes Environmental Learning Center.

Name of Physician:_____ **Phone**_____

Name of Dentist/orthodontist:_____ **Phone**_____

PARENT/GUARDIAN PERMISSION: I hereby give permission for my child to participate in all program activities including field trips and bus transportation to learning sites. My child will follow the rules of the Learning Center and the directions of program leaders.

Signature of Parent/Guardian

Date

I do ____ Do not ____ give permission for photos of my child, participating in Indiana Dunes Environmental Learning Center programs and activities, to be used by the Learning Center.

AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby give permission to medical personnel selected by school or Learning Center personnel to order X-rays, routine tests, necessary treatment and transportation for my child. In the event I cannot be reached in an emergency; I hereby give permission to the physician selected by school or Learning Center personnel to secure and administer treatment; including hospitalization, injection, anesthesia, surgery, and transfusion for my child named above.

Signature of Parent/Guardian

Date

The Indiana Dunes Environmental Learning Center would like to interview your child in one year to find out what information he or she retained from their visit here. The interview would consist of one question, "What did you learn during your visit to the dunes?" The answers your child provides for us will help us to evaluate and improve our program.

I Do ____ I Do Not ____ give permission for the Indiana Dunes Environmental Learning Center to interview my child in one year to find out what he or she remembers about his/her experience here.

Signature of Parent/Guardian

Date